DEPARTMENT OF TREASURY

PROCESS RECEIPT AND RETURN

Plaintiff: UNITED STATES OF AMERICA	Court Case Number: 04-CR-544
Defendant: KUN FUK CHENG	Type of Process: Forfeiture - Disposal

SERVE AT: (Name of Individual, Company, Corporation, etc. to be served or Description of property to Seize: (Address: street or RFD, Apt. No., City,State and Zip Code):

Send notice or service copy to requester at Name and Address below:

Andrew T. Baxter, United States Attorney, NDNY
218 James T. Foley Courthouse
445 Broadway
Albany, New York 12207

Number of Processes to be Served	
Number of Parties to Served	
Check box if service is on USA	

Special Instructions or Other Information that will assist in expediting service (includes business and alternate addresses, telephone numbers and estimated times available for Service:

Please dispose of State Farm Ins. Account #XXXXX6111 in the name of Jin Rong Cheng

Signature of Attorney or other Originator requesting service on behalf of: (X)Plaintiff ( ) Defendant	Telephone No.	Date
[signature] for /Thomas A. Capezza, AUSA	518-431-0247	4/15/07

Signature and Date of Person accepting Process:

SPACE BELOW FOR USE OF DEPARTMENT OF TREASURY

I acknowledge receipt for the total number of process indicated.	District of Origin No.______	District to Serve No.______	Signature of Authorized Dept. of Treasury Agency Officer	Date
			[signature], Special Agent	7-14-09

I HEREBY CERTIFY AND RETURN THAT I (✓) PERSONALLY SERVED. ( ) HAVE LEGAL EVIDENCE OF SERVICE. ( ) HAVE EXECUTED AS SHOWN IN 'REMARKS', THE PROCESS DESCRIBED ON THE INDIVIDUAL, COMPANY, CORPORATION, ETC.,AT THE ADDRESS SHOWN ABOVE OR ON THE ADDRESS INSERTED BELOW

( ) I HEREBY CERTIFY AND RETURN THAT I AM UNABLE TO LOCATE THE INDIVIDUAL, COMPANY, CORPORATION, ETC. NAMED ABOVE.

Name and Title of individual served if not shown above.	( ) A person of suitable age and discretion then residing in the defendant's usual place of abode.
[signature], Special Agent	
Address: (complete only if different than shown above)	Date of Service / Time of Service ( ) a.m. ( ) p.m.
	Signature,Title and Treasury Agency

REMARKS:

Funds were disposed on 2/5/08.

DEPARTMENT OF TREASURY

PROCESS RECEIPT AND RETURN

Plaintiff: **UNITED STATES OF AMERICA**	Court Case Number: **04-CR-544**
Defendant: **KUN FUK CHENG**	Type of Process: **Forfeiture - Disposal**

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Send notice or service copy to requester at Name and Address below: Andrew T. Baxter, United States Attorney, NDNY 218 James T. Foley Courthouse 445 Broadway Albany, New York 12207	Number of Processes to be Served	
	Number of Parties to Served	
	Check box if service is on USA	

Special Instructions or Other Information that will assist in expediting service (includes business and alternate addresses, telephone numbers and estimated times available for Service:

Please dispose of State Farm Ins. Account #XXXXX2861 in the name of Jin Rong Cheng

Signature of Attorney or other Originator requesting service on behalf of:	(X)Plaintiff ( ) Defendant	Telephone No.	Date
[signature] /Thomas A. Capezza, AUSA		518-431-0247	4/15/09

Signature and Date of Person accepting Process:

SPACE BELOW FOR USE OF DEPARTMENT OF TREASURY

I acknowledge receipt for the total number of process indicated.	District of Origin No.______	District to Serve No.______	Signature of Authorized Dept. of Treasury Agency Officer	Date
			[signature], Special Agent	7-14-09

I HEREBY CERTIFY AND RETURN THAT I (X) PERSONALLY SERVED. ( ) HAVE LEGAL EVIDENCE OF SERVICE. ( ) HAVE EXECUTED AS SHOWN IN 'REMARKS', THE PROCESS DESCRIBED ON THE INDIVIDUAL, COMPANY, CORPORATION, ETC.,AT THE ADDRESS SHOWN ABOVE OR ON THE ADDRESS INSERTED BELOW

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Name and Title of individual served if not shown above. [signature], Special Agent	( ) A person of suitable age and discretion then residing in the defendant's usual place of abode.
Address: (complete only if different than shown above)	Date of Service Time of Service ( ) a.m. ( ) p.m.
	Signature,Title and Treasury Agency

REMARKS:

Funds were disposed on 2/5/08.

DEPARTMENT OF TREASURY

PROCESS RECEIPT AND RETURN

Plaintiff: **UNITED STATES OF AMERICA**	Court Case Number: **04-CR-544**
Defendant: **KUN FUK CHENG**	Type of Process: **Forfeiture - Disposal**

SERVE AT: (Name of Individual, Company, Corporation, etc. to be served or Description of property to Seize: (Address: street or RFD, Apt. No., City,State and Zip Code):

Send notice or service copy to requester at Name and Address below: Andrew T. Baxter, United States Attorney, NDNY 218 James T. Foley Courthouse 445 Broadway Albany, New York 12207	Number of Processes to be Served	
	Number of Parties to Served	
	Check box if service is on USA	

Special Instructions or Other Information that will assist in expediting service (includes business and alternate addresses, telephone numbers and estimated times available for Service:

Please dispose of State Farm Ins. Account #XXXXX0327 in the name of Kun Fuk Cheng

Signature of Attorney or other Originator requesting service on behalf of:	(X)Plaintiff ( ) Defendant	Telephone No.	Date
[signature] for /Thomas A. Capezza, AUSA		518-431-0247	4/15/09

Signature and Date of Person accepting Process:

SPACE BELOW FOR USE OF DEPARTMENT OF TREASURY

I acknowledge receipt for the total number of process indicated.	District of Origin No.____	District to Serve No.____	Signature of Authorized Dept. of Treasury Agency Officer	Date
			[signature] Special Agent	7-14-09

I HEREBY CERTIFY AND RETURN THAT I (X) PERSONALLY SERVED. ( ) HAVE LEGAL EVIDENCE OF SERVICE. ( ) HAVE EXECUTED AS SHOWN IN 'REMARKS', THE PROCESS DESCRIBED ON THE INDIVIDUAL, COMPANY, CORPORATION, ETC.,AT THE ADDRESS SHOWN ABOVE OR ON THE ADDRESS INSERTED BELOW

( ) I HEREBY CERTIFY AND RETURN THAT I AM UNABLE TO LOCATE THE INDIVIDUAL, COMPANY, CORPORATION, ETC. NAMED ABOVE.

Name and Title of individual served if not shown above. [signature] Special Agent	( ) A person of suitable age and discretion then residing in the defendant's usual place of abode.
Address: (complete only if different than shown above)	Date of Service Time of Service ( ) a.m. ( ) p.m. Signature,Title and Treasury Agency

REMARKS:

Funds were disposed on 2/5/08.

DEPARTMENT OF TREASURY

PROCESS RECEIPT AND RETURN

Plaintiff: UNITED STATES OF AMERICA	Court Case Number: 04-CR-544
Defendant: KUN FUK CHENG	Type of Process: Forfeiture - Disposal

SERVE AT: (Name of Individual, Company, Corporation, etc. to be served or Description of property to Seize: (Address: street or RFD, Apt. No., City,State and Zip Code):

Send notice or service copy to requester at Name and Address below: Andrew T. Baxter, United States Attorney, NDNY 218 James T. Foley Courthouse 445 Broadway Albany, New York 12207	Number of Processes to be Served	
	Number of Parties to Served	
	Check box if service is on USA	

Special Instructions or Other Information that will assist in expediting service (includes business and alternate addresses, telephone numbers and estimated times available for Service:

Please dispose of State Farm Ins. Account #XXXXX2166 in the name of Vincent K.Cheng

Signature of Attorney or other Originator requesting service on behalf of:	(X)Plaintiff () Defendant	Telephone No.	Date
[signature] /Thomas A. Capezza, AUSA		518-431-0247	4/15/09

Signature and Date of Person accepting Process:

SPACE BELOW FOR USE OF DEPARTMENT OF TREASURY

I acknowledge receipt for the total number of process indicated.	District of Origin No.________	District to Serve No.________	Signature of Authorized Dept. of Treasury Agency Officer	Date
			[signature], Special Agent	7-14-09

I HEREBY CERTIFY AND RETURN THAT I (X) PERSONALLY SERVED. ( ) HAVE LEGAL EVIDENCE OF SERVICE. ( ) HAVE EXECUTED AS SHOWN IN 'REMARKS', THE PROCESS DESCRIBED ON THE INDIVIDUAL, COMPANY, CORPORATION, ETC.,AT THE ADDRESS SHOWN ABOVE OR ON THE ADDRESS INSERTED BELOW

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Name and Title of individual served if not shown above. [signature] Special Agent	( ) A person of suitable age and discretion then residing in the defendant's usual place of abode.
Address: (complete only if different than shown above)	Date of Service Time of Service ( ) a.m. ( ) p.m.
	Signature,Title and Treasury Agency

REMARKS:

Funds were disposed on 2/5/08.

DEPARTMENT OF TREASURY

PROCESS RECEIPT AND RETURN

Plaintiff: UNITED STATES OF AMERICA	Court Case Number: 04-CR-544
Defendant: KUN FUK CHENG	Type of Process: Forfeiture - Disposal

SERVE AT: (Name of Individual, Company, Corporation, etc. to be served or Description of property to Seize: (Address: street or RFD, Apt. No., City,State and Zip Code):

Send notice or service copy to requester at Name and Address below: Andrew T. Baxter, United States Attorney, NDNY 218 James T. Foley Courthouse 445 Broadway Albany, New York 12207	Number of Processes to be Served	
	Number of Parties to Served	
	Check box if service is on USA	

Special Instructions or Other Information that will assist in expediting service (includes business and alternate addresses, telephone numbers and estimated times available for Service:

Please dispose of State Farm Ins. Account #XXXXX2156 in the name of Celia Cheng

Signature of Attorney or other Originator requesting service on behalf of: (X)Plaintiff () Defendant [signature] /Thomas A. Capezza, AUSA	Telephone No. 518-431-0247	Date 4/15/09

Signature and Date of Person accepting Process:

SPACE BELOW FOR USE OF DEPARTMENT OF TREASURY

I acknowledge receipt for the total number of process indicated.	District of Origin No._____	District to Serve No._____	Signature of Authorized Dept. of Treasury Agency Officer	Date
			[signature], Special Agent	7-14-09

I HEREBY CERTIFY AND RETURN THAT I (X) PERSONALLY SERVED. ( ) HAVE LEGAL EVIDENCE OF SERVICE. ( ) HAVE EXECUTED AS SHOWN IN 'REMARKS', THE PROCESS DESCRIBED ON THE INDIVIDUAL, COMPANY, CORPORATION, ETC.,AT THE ADDRESS SHOWN ABOVE OR ON THE ADDRESS INSERTED BELOW

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Name and Title of individual served if not shown above. [signature] Special Agent	( ) A person of suitable age and discretion then residing in the defendant's usual place of abode.
Address: (complete only if different than shown above)	Date of Service — Time of Service ( ) a.m. ( ) p.m.
	Signature,Title and Treasury Agency

REMARKS: Funds were disposed on 2/5/08

DEPARTMENT OF TREASURY

PROCESS RECEIPT AND RETURN

Plaintiff: UNITED STATES OF AMERICA	Court Case Number: 04-CR-544
Defendant: KUN FUK CHENG	Type of Process: Forfeiture - Disposal

SERVE AT: (Name of Individual, Company, Corporation, etc. to be served or Description of property to Seize: (Address: street or RFD, Apt. No., City,State and Zip Code):

Send notice or service copy to requester at Name and Address below:		
Andrew T. Baxter, United States Attorney, NDNY 218 James T. Foley Courthouse 445 Broadway Albany, New York 12207	Number of Processes to be Served	
	Number of Parties to Served	
	Check box if service is on USA	

Special Instructions or Other Information that will assist in expediting service (includes business and alternate addresses, telephone numbers and estimated times available for Service:

Please dispose of State Farm Ins. Account #XXXXX2863 in the name of Kun Fuk Cheng

Signature of Attorney or other Originator requesting service on behalf of:		Telephone No.	Date
[signature] /Thomas A. Capezza, AUSA	(X)Plaintiff () Defendant	518-431-0247	4/15/09

Signature and Date of Person accepting Process:

SPACE BELOW FOR USE OF DEPARTMENT OF TREASURY

I acknowledge receipt for the total number of process indicated.	District of Origin No.______	District to Serve No.______	Signature of Authorized Dept. of Treasury Agency Officer	Date
			[signature], Special Agent	7-14-09

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Name and Title of individual served if not shown above. [signature] Special Agent	() A person of suitable age and discretion then residing in the defendant's usual place of abode.
Address: (complete only if different than shown above)	Date of Service Time of Service () a.m. () p.m. Signature,Title and Treasury Agency

REMARKS:

Funds were disposed on 2/5/08.